Q Please type	a plus sign (+) inside this box->/+/	
	UTILITY	Atty Doc. No. 49322 Total Pages 39
	PATENT APPLICATION	FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER
= 0	TRANSMITTAL	Son Nouven KIM

Application Elements

Address To: Assistant Commissioner for Patents **Box Patent Application** Washington, D.C. 20231

1. / X / Fee transmittal Form	
(Submit an original	, and a duplicate for fee processing
2./ X/Specification	Total Pages /
(Preferred arrangen	nent set for below)
, ,	•

Descriptive title of the Invention

Cross References to Related Application

Statement Regarding Fed. Sponsored R & D

Reference to Microfiche Appendix

Background of the Invention

Brief Summary of the Invention

Brief Description of the Drawings (if filed)

Detailed Description

Claim(s)

Abstract of the Disclosure

3./ / Drawing(s)(35 USC 113)

Total Sheets / /

4./ X /Oath or Declaration

Total Pages/3 /

a. / Newly executed (original or copy)

/Copy from a prior application (37 CFR 1.63(d)
(For Continuation/Divisional with Box 17 completed)
Note Box 5 below
i./ /DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b).

5. / Incorporation by reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

5./	/ Microfiche	Computer	Program	(Appendix)	
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/Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) /7./

/ Computer Readable Copy

Express Mail Label No.

/ Paper Copy (Identical to computer copy)

/ Statement verifying identity of above copies

ACCOMPANYING APPLICATIONS PARTS

8./X / Assignment Papers (cover sheet & document(s)

9/ / 37 CFR 3.73(b)Statement / /Power of Attorney

10./ /English Translation Document (if applicable)

11./ /Information Disclosure / / Copies of IDS Citations

12./ /Preliminary Amendment

13./ x/Return Receipt Postcard (MPEP 503)

Should be specifically itemized)

14./ /Small Entity / /Statement filed in prior application

Statements Status still proper and desired

15./X / Certified Copy of Priority Document(s)

(if foreign priority is claimed)

6./	/ Other

17. If a Continuing Application	, check appropriat	e box and supply the requisite info	ormation:
/ /Continuation	/ /Divisional	/ / Continuation-in part (CIP)	of prior application No.

CORRESPONDENCE ADDRESS

/ Customer Number or Bar code Label

or / / Correspondence address below

Insert Customer No. or Attach bar code label here

Name:

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The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	BASIC FEE \$380./\$760.
Basic Fee	• • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • •	\$ 760.00
Total Claims:	_1020 =	= x	\$09./\$18. =	
Indep. Claims	: 1 -3 =	= x	\$39./\$78. =	
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- [X] A check for \$ 800. for the filing fee and recordation of assignment.
- The Commissioner is hereby authorized to charge any other [X] fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL, & WEINKAUF

Herbert B. Keil Reg. No. 18,967

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